



South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605) 642-1389; www.state.sd.us/doh/nursing

Medication Aide Application for *Faculty Changes* to a Currently Approved Training Program

Approved programs must submit, within 30 days after a change, any substantive changes made to the program during their 2-year approval period. Written approval or denial of a requested change will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing
722 Main Street, Suite 3
Spearfish, SD 57783

Name of Institution: Avera Education & Staffing Solutions

Address: 1000 West 4th Street, Suite 9
Yankton, SD 57078

Phone Number: 605-668-8475

Fax Number: 605-668-8483

E-mail Addresses of Primary Coordinator and/or Instructor: gmaag@avera.org

- ☐ **Request New Program Coordinator** must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)
- ☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Gmaag</u>				

- ☐ **Request New Primary Instructor** as actual teacher of course material; must be a RN or LPN with 2 years nursing experience, at least one of which is in the provision of long-term care services. (ARSD 44:04:18:11)
- ☐ Attach curriculum vita, resume, or work history,
- ☐ Attach documentation supporting previous experience in teaching adults within the past 5 years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor (RN Instructor)	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Gmaag</u>				

- ☒ **Request New Supplemental Personnel** to assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)
- ☐ Attach curriculum vita, resume, or work history.

Supplemental Personnel & Credentials (RN Clinical Sponsor)	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)
<u>Amey Hunselman RN</u>	<u>SD</u>	<u>R029053</u>	<u>2-26-16</u>	<u>[Signature]</u>
<u>Melissa Jones RN</u>	<u>SD</u>	<u>R027139</u>	<u>4-24-15</u>	<u>[Signature]</u>

Program Coordinator Signature: _____ Date: _____

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>4/28/14</u>	Date Application Denied:
Date Approved: <u>5/7/14</u>	Reason for Denial:
Expiration Date of Approval: <u>April 2016</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>5/7/14</u>	

October 20, 2011

on file -
already
approved